Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL092177 09/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 KILDAIRE WOODS DRIVE **WOODLAND TERRACE** CARY, NC 27511 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant and Dennis Harrell conducted on 09/23/2015. Records indicate this facility was first licensed on 01/03/2000. The facility is currently licensed for 84 Beds including a 44 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. There are oxygen bottles stored in the room without any restraining device or other means to prevent them from falling or being knocked over. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Findings on 09/25/2015: a. "D" Hall, Room D5 - There are oxygen bottles

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL092177	B. WING		09/2	5/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WOODL	AND TERRACE	300 KILDA CARY, NO	AIRE WOOD 27511	S DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 1	C 166			
	stored upright and u	unrestrained.				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	maintained in a safe event of a fire doors close and latch in o smoke or the sprea the facility could be and to remain shut	et as evidenced by: ation the facility is not being e operating condition. In the s are required to completely rder to resist the passage of d of fire. All the occupants in effected if doors do not latch when closed in order to limit e or fire to the area of origin.				
	Findings on 09/25/2 a. "A" Hall, Wellnes completely close ar	s Center - The door did not				
		orridor Doors Adjacent to ors did not completely close				
		oom - The door did not ad latch. Note: Corrected while a site.				
	2. Based on observ	ation there is a failure to				

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8IPK21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL092177	B. WING		09/2	5/2015
			DRESS, CITY, S	STATE, ZIP CODE		
WOODL	AND TERRACE		AIRE WOOD	S DRIVE		
240.15	CUIMMA DV CTA	CARY, NC		DDOVIDEDIC DI ANI OF CORDECTI	ON	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	not limited to the sp findings. Fire resists must be free from co order to resist the sevent of a fire. Pene resistant rated ceilin occupants of the fa smoke to spread be Findings on 09/23/2	fety systems as evidenced but becific examples cited in the ant rated ceilings and walls openings and penetrations in pread of fire and smoke in the etrations or holes in fire angs or wall could effect the cility by allowing fire and eyond the area of origin.				
		aundry Room - There are ere shelves have been				
		aundry Room - There are here shelves have been				
		aundry - There is a hole in the the laundry from the utility				
	e. "B" Hall Med Sto holes in the ceiling.	rage Closet - There are small				
		e is a hole in the fire resistant the fire sprinkler escutcheon				
	maintained in a saft that would prevent rapidly in the event limit the passage of of the facility could	ration the facility is not being e manner. Devices are in use doors from being closed of a fire so as to resist and f smoke and fire. All occupants be effected by allowing fire ad beyond the area of origin.				

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DIVISION	of Fleatill Service IN	galation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDEI		IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL092177	B. WING		09/2	5/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		300 KILD	AIRE WOOD	S DRIVE		
WOODL	AND TERRACE	CARY, NO	27511			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATORTORE	OCIDENTII TING INI ONNATION)	TAG	DEFICIENCY)	INAL	5,112
C 189	Continued From pa	go 2	C 189			
C 109	Continued From pa	ige 3	C 109			
	E: !!					
	Finding on 09/25/20					
		n of doors being held open				
	following specific ex	denced but not limited to the				
		nain laundry rooms that are				
		closing room were held open				
	by door wedges.					
	4.5					
		ration there is a failure to				
		equipment in a safe operating maintain electrical safety				
		t occupants of the facility who				
		electrical safety equipment				
	does not function p					
	Findings on 09/25/2					
		tte - The electrical GFCI did				
	not trip when tested	I with a circuit tester.				
	b "C" Hall Kitchene	tte - The electrical GFCI at the				
	sink did not trip who	en tested with a circuit tester.				
		a, Whirlpool Bath - The				
	circuit tester.	not trip when tested with a				
	Circuit tester.					
	5. Based on observ	ration the facility is not being				
		operating manner due to				
		vices not installed as required				
		e. Plumbing safety devices				
		ble domestic water supply				
		nated that are not installed				
	creating possible he	cupants of the facility by				
	Greating possible III	σαιτί Παζαιάδ.				
	Findings on 09/25/2	2013:				
	a. Special Care Are	a - There are no vacuum				
		preventers installed on the				
	detachable shower	heads that can be submerged				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL092177	B. WING		09/2	5/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WOODLA	AND TERRACE	300 KILDA CARY, NC	AIRE WOOD: 27511	S DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	in standing or pooled water in the bottom of the shower stall .					
C 191	Unvented & Portable	le Elec. Heaters Prohibited	C 191			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	adhere to the prohil portable unvented e unvented electrical	ration the facility failed to bition on the presence of electrical heaters. Portable heaters are a potential fire a could effect all occupants of				
		2015: e Room & Admin Office - e electric heaters stored in the				
		portable electric heater was in e heater was removed while e.				
C 193	Ovens, Ranges in A	Activity or Res. Rooms	C 193			

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SECTION .0300 - PHYSICAL PLANT

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPF IDENTIFICATION	` /	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
HAL092177	B. WING		09/25/2015	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, S	STATE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WOODLAND TERRACE	300 KILDAIRE WOOD CARY, NC 27511	S DRIVE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOR	CIES ID BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
C 193 Continued From page 5  10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops loc resident activity or recreational areas used except under facility staff supervision shall be be facility's assessment of the capabilities resident. The operation of the equipm have a locking feature provided, that controlled by staff. (5) Ovens, ranges and cook tops loc resident rooms shall have a locking fe provided, controlled by staff, to limit the equipment by residents who have be by the facility to be incapable of opera equipment in a safe manner. (k) This Rule shall apply to new and facilities with the exception of Paragra which shall not apply to existing facilit  This Rule is not met as evidenced by 1. Based on observation the facility fa the operational requirements for stove meet the requirement could result in it or residents if they accidentally came with energized (hot) stove burners.  Finding on 09/25/2015 a. Country kitchen - The electric stove have a safety lock out device.	shall not be vision. The ased on the es of each ment shall shall be ated in eature he use of the en assessed ating the existing aph (e) cies.  It is it is to meet es. Failure to injury to staff into contact			
C 199 Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragra provided with exhaust ventilation at the	ph shall be			

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A. BUILDING: 01	(X3) DATE SURVEY COMPLETED	
	25 22.125	
HAL092177 B. WING	09/25/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODLAND TERRACE 300 KILDAIRE WOODS DRIVE CARY, NC 27511		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD PROVIDE PROVIDE PROVIDER PROVIDER PROVIDER PROVIDER PROVIDE	D BE COMPLETE	
C 199  Continued From page 6  requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility failed provide the required exhaust ventilation equipment. This could effect occupants of the facility if odors were to permeate the area beyond the room requiring exhaust ventilation.  Finding on 09/25/2015 a. House Keeping Storage - The room did not have an exhaust fan and chemicals were stored in the room.		

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